

<b>Case Number:</b>	CM15-0101996		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/29/1996
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following  
 credentials: State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male who sustained an industrial injury on August 29, 1996. He reported back and right leg pain. The injured worker was diagnosed as having discogenic lumbar condition, discogenic cervical condition with disc disease from cervical 2-cervical 7, internal derangement of the left knee status post medial and lateral meniscectomy, internal derangement of the right knee, left rotator cuff tear status post repair, chronic pain, depression, and insomnia. Medical history was positive for hypertension. Diagnostic studies to date have included MRIs, x-rays, and electrodiagnostic studies. Treatment to date has included a cane, a recliner for sleep, a knee brace, low back brace, a transcutaneous electrical nerve stimulation (TENS) unit, activity modifications, an ace wrap, steroid injection, epidural steroid injection, physical therapy, acupuncture, pool therapy, and medications. Trazodone and flexeril were prescribed in November 2013. Nalfon was prescribed in October 2014. Gabapentin was prescribed in December 2014. Wellbutrin and topamax were prescribed in February 2015. In March 2015, an elevated blood pressure reading of 177/105 was recorded. On April 30, 2015, the injured worker complains of back pain radiating around the left leg and a sense of sciatica down the right leg. Associated symptoms include knee buckling. He minimizes chores and needs help around the house. He can sit, stand, and walk for with the use of medications. Blood pressure was noted to be elevated at 161/86. The physical exam revealed tenderness along the lumbar spine. There was tenderness of the medial and lateral knee with full range of motion, and mild knee effusion. The physician noted that the injured worker stopped working in 2006 and retired in 2009. A psychiatric evaluation from January 2015 was noted. The physician noted that the

injured worker was instructed to have his blood pressure rechecked. The treatment plan includes Celebrex, Norflex, Trazodone, Topamax, and Wellbutrin. On 5/13/15, Utilization Review non-certified or modified requests for the items currently under Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Celebrex 200mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Celebrex; NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** This injured worker has chronic back pain. NSAIDS have been prescribed for at least six months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. This injured worker has a history of hypertension and has had elevated blood pressure readings recorded recently. NSAIDS are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The elevated blood pressure readings were not discussed in relation to the prescription for Celebrex. The MTUS states that COX-2 inhibitors (e.g. Celebrex) may be considered for patients with risk of gastrointestinal (GI) complications, and not for the majority of other patients. There was no documentation of increased risk of GI complications for this injured worker. There was no documentation of functional improvement as a result of use of NSAIDS; it was documented that the injured worker has not worked for many years, and there was no discussion of specific improvements in activities of daily living secondary to use of NSAIDS. Due to lack of documentation of increased GI risk, lack of functional improvement, and potential for toxicity, the request for Celebrex is not medically necessary.

#### **Norflex 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** This injured worker has chronic back pain. Muscle relaxants have been prescribed for at least six months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Orphenadrine (Norflex) is similar to diphenhydramine, but with greater anticholinergic effects; the mode of action is not clearly understood and effects are thought to be secondary to analgesic and anticholinergic properties. Side effects include drowsiness, urinary retention, and dry mouth; it has been reported in case studies to be abused for euphoria and to have mood elevating effects. Due to length of use of muscle relaxants in excess of the guideline recommendations, the request for Norflex is not medically necessary.

**Trazodone 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

**Decision rationale:** This injured worker has chronic back pain, depression and insomnia. Trazodone has been prescribed for at least six months. Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Sedating antidepressants such as amitriptyline, trazodone, and mirtazapine have been used to treat insomnia; there is less evidence to support their use for insomnia but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. There was no documentation of psychological assessment by the treating physician. An evaluation by a psychiatrist in January 2015 was noted, but the report was not submitted. There was no documentation of detailed psychiatric history, discussion of signs and symptoms of depression, or mental status examination. There was no documentation of improvement in pain or function as a result of use of Trazodone. It was documented that the injured worker has not worked for many years, and there was no discussion of specific

improvements in activities of daily living secondary to use of Trazodone. Due to insufficient evaluation of sleep disorder and depression, and lack of functional improvement, the request for Trazodone is not medically necessary.

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-epilepsy drugs (AEDs) for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

**Decision rationale:** This injured worker has chronic back pain. Topamax has been prescribed for three months. There was documentation of use of gabapentin, but no discussion of failure of gabapentin (neurontin). Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Topamax (topiramate) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. A "good" response to the use of antiepileptic drugs (AEDs) is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of neuropathic pain. It was documented that the injured worker has not worked for many years, and there was no discussion of specific improvements in activities of daily living secondary to use of Topamax. Pain response of at least a moderate degree was not documented. Due to lack of documentation of neuropathic pain, lack of documentation of failure of other anticonvulsants, lack of documentation of at least a moderate reduction in pain, and lack of functional improvement, the request for Topamax is not medically necessary.

**Wellbutrin 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants p. 13- 16, bupropion p. 27.

**Decision rationale:** This injured worker has chronic back pain and depression. Wellbutrin has been prescribed for three months. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Wellbutrin is a second-generation non-tricyclic antidepressant that acts as a noradrenaline and dopamine reuptake inhibitor. It has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial; there is no evidence of efficacy for non-neuropathic chronic low back pain. It is recommended as an option after other agents. There was no documentation of psychological assessment by the treating physician. An evaluation by a psychiatrist in January 2015 was noted, but the report was not submitted. There was no documentation of detailed psychiatric history, discussion of signs and symptoms of depression, or mental status examination. There was no documentation of neuropathic pain. There was no documentation of functional improvement as a result of use of Wellbutrin. It was documented that the injured worker has not worked for many years, and there was no discussion of specific improvements in activities of daily living secondary to use of Wellbutrin. Due to lack of sufficient evaluation for depression, lack of documentation of neuropathic pain, and lack of functional improvement, the request for Wellbutrin is not medically necessary.